



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i> PCA's Last Name		First Name <i>(Given Name)</i> PCA's First Name		Middle Initial PCA MI	Other Last Names Used <i>(if any)</i> PCA Other Last Name if any	
Address <i>(Street Number and Name)</i> PCA's Address			Apt. Number PCA Apt #	City or Town PCA's City		State State
Date of Birth <i>(mm/dd/yyyy)</i> PCA's DOB		U.S. Social Security Number PCA - SS - #		Employee's E-mail Address PCA Email Address or N/A		Employee's Telephone Number PCA Phone # or N/A
ZIP Code PCA Zip Code						

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Check ONE BOX perjury, that I am (check one of the following boxes)

<input type="checkbox"/> 1. A citizen of the United States	SAMPLE
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee PCA 's Signature	Today's Date <i>(mm/dd/yyyy)</i> 00/00/0000
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		
Address <i>(Street Number and Name)</i>		City or Town	State	ZIP Code

Employer Completes Next Page



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Please add Citizenship Status from Page 1

- 1 - US Citizen
- 2- Noncitizen National
- 3- Lawful Perm Resident
- 4- An Alien authorized to work

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Section 2. Employer or Authorized Representative

(Employers or their authorized representative must complete and sign Section 2. You must physically examine one document from List A OR a combination of documents from List B and List C that are on the "Lists of Acceptable Documents.")

Employee's first day of employment. You must provide this information from List C as listed on the "Lists of Acceptable Documents."

Employee Info from Section 1	Last Name (Family Name) PCA's Last Name	First Name (Given Name) PCA's First Name	M.I. MI	Citizenship/Immigration Status Citizenship Status (1-4)
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List A Identity and Employment Authorization	OR	List B List B	AND	List C List C
Document Title		See List B on the next page		See List C on the next page
Issuing Authority				Issuing Authority
Document Number				Document Number
Expiration Date (if any) (mm/dd/yyyy)				Expiration Date (if any) (mm/dd/yyyy)
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Additional Information			QR Code - Sections 2 & 3 Do Not Write In This Space	
SAMPLE				

Certification: I attest, under penalty of perjury, that (1) I am the employer or authorized representative of the employee named above, (2) the above-listed document(s) appear to be genuine and to relate to the employee named above, and (3) to the best of my knowledge the employee is authorized to work in the United States.

PCA's First Day of Employment

The employee's first day of employment (mm/dd/yyyy): 00/00/0000 (See instructions for exemptions)

Signature of Employer or Authorized Representative Consumer or Surrogate Signature		Today's Date (mm/dd/yyyy) Today's Date	Title of Employer or Authorized Representative Consumer or Surrogate	
Last Name of Employer or Authorized Representative Last Name of Consumer or Surrogate		First Name of Employer or Authorized Representative First Name Consumer or Surrogate	Employer's Business or Organization Name Provide Consumer Number Here	
Employer's Business or Organization Address (Street Number and Name) Consumer's Printed Address		City or Town Consumer's City	State State	ZIP Code Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.